	'A-PM-91-4 (BE UST 1991	(סי	OMB No.: 0938-				
Stat	e/Territory:	OHTO					
Citation 42 CFR 447.51	4.18 Recipier	t Cost Sharing and S	imilar Charges				
through 447.58	deduc excee	(a) Unless a waiver under 42 CFR 431.55(g) ap deductibles, coinsurance rates, and copay exceed the maximum allowable charges under 447.54.					
1916(a) and (b of the Act	and ( categ benef	orically needy or as	ems 4.18(b)(4), (5), ct to individuals covered as qualified Medicare in section 1905(p)(1) of				
		enrollment fee, presposed under the plan	nium, or similar charge is				
	ch	deductible, coinsurated deduct	ance, copayment, or similar the plan for the				
	(i)	Services to individual under	uals under age 18, or				
		∠					
		△ Age 20					
		[] Age 21					
		age 18 or older, bu	es of individuals who are tunder age 21, to whom isted below, if applicable.				
	(ii)		t women related to the her medical condition that pregnancy.				
TN No. 9/-/9 Supersedes	Approval Date	1-14-92 Eff	ective Date 10/1/4/				
TN No	<u>o_</u>		CFA ID: 7982E				

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BP	OMB No.: 0938-
;	State/Territory:		OHIO
Citation	4.18(b)(2)	(Co	ntinued)
42 CFR 447 through 447.58	.51 (i	ii)	All services furnished to pregnant women.
			Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
	(	iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
	(1	۷)	Emergency services if the services meet the requirements in $42$ CFR $447.53(b)(4)$ .
	(1	vi)	Family planning services and supplies furnished to individuals of childbearing age.
	( <b>v</b> :	ii)	Services furnished by a health maintenance organization in which the individual is enrolled.
1916 of the P.L. 99-272 (Section 95		li)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 9/-/9
Supersedes 3/39 Approval Date 1-16-92 Effective Date 10/1/1

TN No. 8639 Approval Date 1-16-92 HCFA ID: 7982E

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No	0938-	
	State/Territory:		OHIO			
Citation	4.18(b) (Co	ontinue	ed)			
42 CFR 447 through 447.48	7.51 (3)	appl: copay serv:	ss a waiver un ies, <u>nominal</u> d yment, or simi ices that are r item (b)(2)	eductible, c lar charges not excluded	oinsurance are impose	d for
		Ø	Not applicab imposed.	le. No such	charges a	re
	( :	i) Fo	or any service narge is impos	, no more th	an one typ	e of
	(1)	l) Ci	narges apply tollowing age g	o services f roups:	urnished t	o the
			/ 18 or	older		
			<u> </u>	older		
				older		
				older		
		_7	Charges appl following re- individuals age or older	asonable cat listed below	egories of who are 1	
						, ,
TN No2	1-/9	/	1-110-97	Dec.	/	191

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				30a				
Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)			OMB	No.:	0938-	
	State/Territor	у:		OHIO				
Citation 42 CFR 447	4.18(b)(	3) (Co	ntinue	d)				
through 44		(iii)	Medic	he categoricall are beneficiar fies the:				
			(A)	Service(s) for applied;	r whic	hac	harge(s)	is
			(B)	Nature of the service;	charg	e imp	osed on e	ach
			(C)	Amount(s) of a the charge(s);		sis f	or determ	iining
			(D)	Method used to	coll	ect t	he charge	(s);
			(E)	Basis for dete individual is and the means is identified	unabl by wh	e to	pay the cuch an in	
			(F)	Procedures for the exclusions contained in	s from	cost	sharing	
			(G)	Cumulative mandeductible, contarges impose period.	oinsur	ance	or copaym	nent
				/_/ Not appl maximum		e. T	<b>here</b> is r	10

TN No. 9/-/9 Supersedes 8 34 Approval Date TN No. 8634	1-16-92	Effective Date 10/1/9/	_
TN No. <u>8697</u> 90-27		HCFA ID: 7982E	

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991 OHIO State/Territory: Citation 4.18(b)(4) // A monthly premium is imposed on pregnant women and infants who are covered under 1916(c) of the Act section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients. 4.18(b)(5) // For families receiving extended benefits 1902(a)(52) and 1925(b) during a second 6-month period under of the Act section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. 1916(d) of 4.18(b)(6) // A monthly premium, set on a sliding scale, the Act imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. 91-19 Supersedes Approval Date TN No. 90-21	1-14-92	Effective Date 10/1/91
4 86-34		HCFA ID: 7982E



AUGUST 1991	
State/Territory: OHIO	
4.18(c) // Individuals are covered as medically needy under the plan.  42 CFR 447.51 through 447.58  (1) // An enrollment fee, premium or similar charge imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such char subject to the maximum allowable charges in CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, similar charge.	e is ges 42
A47.51 through 447.58  (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan the following:  (i) Services to individuals under age 18, or under  // Age 19  // Age 20  // Age 21  Reasonable categories of individuals ware age 18, but under age 21, to whom charges apply are listed below, if applicable:	

TN No. 9/-/9
Supersedes 4-34 Approval Date 1-16-92 Effective Date 10/1/9/
TN No. 86-34 Approval Date 1-16-92 HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territor	y:	OHIO
Citation	4.18 (c)	(2) (C	ontinued)
42 CFR 447 through 447.58	.51	(ii)	Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
		(iii)	All services furnished to pregnant women.
			Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
		(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spen for medical care costs all but a minimal amoun of his income required for personal needs.
		(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
		(vi)	Family planning services and supplies furnishe to individuals of childbearing age.
1916 of th P.L. 99-27 (Section 9	2	(vii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
447.51 thr 447.58	cough (	viii)	Services provided by a health maintenance organization (HMO) to enrolled individuals
			// Not applicable. No such charges are imposed.

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Supersedes Approval Date TN No	1-14 12	Effective Date	_
TN No			

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Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)		OMB No.: 0938-
	State/Territory	:	OHIO	<del></del>
Citation	4.18(c)(3	nom sim not	<u>uinal</u> deductible uilar charges an	nder 42 CFR 431.55(g) applies, e, coinsurance, copayment, or re imposed on services that are such charges under item (b)(2)
			Not application imposed.	ole. No such charges are
		(i)	For any service charge is impos	e, no more than one type of sed.
		(ii)	Charges apply to following age of	co services furnished to the group:
				der
			<u>∠</u> / 19 or old	der
				der
				ier
			years of age, h	egories of individuals who are 18 out under 21, to whom charges ed below, if applicable.
TN No Supersedes	7-19 86-34 Approval	Date _	1-16-92	Effective Date 10/1/9/
TN No.	06:37			HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.: 0938-
	State/Territory	7: <u> </u>		OHIO
Citation	4.18(c)(3	3) (Cor	ntinued	)
447.51 th	rough	(iii)		e medically needy, and other optional, ATTACHMENT 4.18-C specifies the:
447.58			(A)	Service(s) for which charge(s) is applied;
			(B)	Nature of the charge imposed on each service;
			(C)	Amount(s) of and basis for determining the charge(s);
			(D)	Method used to collect the charge(s);
			(E)	Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
			(F)	Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
			(G)	Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
				Not applicable. There is no maximum.

1-16-92

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